

**The ACT for Tennessee State Testing
Test Accommodations Coordinator Profile—2009**

ACT, Inc., PO Box 4071, Iowa City, IA 52243-4071
Telephone: 800/553-6244 x1788 Fax: 319/337-1019

TN

High School Name: _____ **City:** _____, TN

ACT TEST ACCOMMODATIONS COORDINATOR (must complete and sign agreement)

One individual at the school will serve as the Test Accommodations Coordinator for testing. This individual may be the appointed Test Supervisor, Back-up Test Supervisor, or a different staff member. The individual must meet **ALL** of the qualifications and agree to the responsibilities listed on the Test Accommodations Coordinator Qualifications and Responsibilities form (a copy of which is enclosed with this form).

Contact Information for 2009 (please print):

Name: _____

Job Title: _____

School Name: _____

Work Phone: _____

(be sure to include an extension, if applicable)

Home Phone: _____

Cell Phone: _____

(optional, used for follow up on missing test materials, if needed)

Fax Number: _____

E-mail Address: _____

School Shipping Address for Receipt of Test Materials (do NOT enter a PO Box address):

Address: _____

City: _____

State, Zip: _____

All requests for extended time testing and/or alternate test formats must be approved by ACT. Please provide an estimate of the number of requests you anticipate submitting. (Check one.)

☐ None

☐ 21-30

☐ 1-10

☐ 31-40

☐ 11-20

☐ more than 40

2009 TEST ACCOMMODATIONS COORDINATOR'S AGREEMENT

I certify that I meet the required qualifications and will personally carry out the responsibilities of Test Accommodations Coordinator at this school for 2009. I agree to take all steps necessary to submit requests and documentation to ACT by **February 2, 2009**. I further agree to take all steps necessary to arrange for appropriate testing facilities and test material security. I understand and agree that during my term as coordinator, neither I nor any member of my testing staff will engage in any ACT test preparation activities beyond our specifically defined school responsibilities. I agree to read and comply with all ACT test administration policies, including all those listed in the *Supervisor's Manual of Instructions for the ACT State Special Testing*.

SIGNATURE

DATE

**Please return this form via fax to 319/337-1019 by October 31, 2008, or use the enclosed postage-paid envelope.
Keep a copy for your records. Thank You.**